**Hydration in Care Homes Project - CASE STUDY**

Betty Smith is a resident in your care home. She is 83 years old, is mobile with a walking frame and does not normally have a problem with incontinence. She is always alert and shows no sign of cognitive decline and her memory is excellent.

She is prescribed the following medication by her GP:

* Aspirin 75mg dispersible tabs – once daily – prescribed to ‘thin’ blood
* Furosemide 40mg tabs – once daily – Diuretic - increases risk of dehydration
* Ramipril 5 mg tabs – once daily – ACE inhibitor used to lower blood pressure or treat Heart failure – increases risk dehydration
* Alendronic acid 70mg tab – once weekly – prescribed for osteoporosis
* Naproxen 250mg – one tablet twice a day – anti-inflammatory – increases risk of dehydration
* Simvastatin 40mg tabs – once daily – cholesterol lowering medication

Today she has woken up complaining of pain in her lower back and side, she also mentioned a burning sensation when urinating and wants to keep going to the toilet. You also noticed that she has been incontinent in her bed in the morning which is not typical of Betty. She also seems a bit confused and agitated which is not like her.

She also has a high temperature of 38.7C although the weather is hot at the moment as it is summer and the UK is going through a heatwave.

**In your group discuss and answer the following questions:**

1. What condition do you suspect Betty may have and why do you think this?

UTI – 5 **NEW** symptoms (pain, burning sensation, frequency, confused and incontinence)

Also got a temperature

1. What action will you take to **manage her symptoms and care**?

* Paracetamol (fever and pain relief)
* Increase fluid (flush out infection and due to heat wave) – think about
* Fresh clothes, sponging (good hygiene)
* Fan
* Consider discretely offering Incontinence pads for short period of time? (commode in bedroom if can’t make it to the toilet)
* **Call GP as has 2 or more signs/symptoms of a UTI** (might need MSU/antibiotics)
* May need a medication review as some medications may need to be stopped for a short period of time
* Care plan – change for next 24/48 hours to push fluids and assist with toileting. Long term care plan should highlight which medicines increase risk of dehydration and long term plan to increase fluids for the future.

1. What action would you take to reduce the chance of this happening again?

* Long term care plan should highlight which medicines increase risk of dehydration and long term plan to increase fluids for the future.
* Think about hydration – offer more fluids e.g. water, soft drinks, less caffeinated drinks, ice lollies in hot weather
* Ask her what her favourite drinks are, what cups she likes, ice/straw – document in care plan to ensure communication is passed onto all carers
* Inform Betty about the benefits of hydration and how to keep hydrated – explain to her about her medicines and the effect on the kidney

1. What are the benefits of changing care plans for residents to avoid the risk of UTIs in the future?

* Less harm to residents (less falls, less confusion, fewer UTIs)
* Improved quality of life
* Less risk of hospital admission (better for resident quality of life and health service
* Less use of antibiotics – so no exposure to side effects and less risk of antibiotic resistance.